



STATE OF IOWA

TERRY E. BRANSTAD, GOVERNOR
KIM REYNOLDS, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES M. PALMER, DIRECTOR
THOMAS C. BOUSKA, SERVICE AREA MANAGER

09/10/13

April Blau
Beth Dubbelde
819 Hyland Drive
Larchwood, Iowa 51241

Dear Child Care Provider,

This letter is in regards to the 09/04/13 compliance check of your Level C-2, Registered Child Development Home. Iowa Code Chapter 237A and 441 Iowa Administrative Code, Chapter 110, describes specific requirements that must be met by a Registered Child Development Home. The following areas were out of compliance at the time of my visit:

☐ 110.5(2)c An individual file is maintained for each staff assistant and contains:

During our visit Nick Blau was identified as a substitute.

You have the following other individuals listed as substitute and/or assistant on your registration.

Glenda Reiberling- substitute
Andrea Kervliet- substitute
Sheila Hollenbeck- substitute
Amber Kellenberger- substitute
James Dubbelde- assistant
Terri Hoker- substitute
Lyle Impecovern- substitute
Dawn Impecovern- substitute
Amanda Hartz- substitute
Lee Dubbelde- assistant.

If you are not using any of these individuals in your childcare, you need to contact CRSACCA@dhs.state.ia.us and request that they be removed from your registration. If you are currently using any other individuals as a substitute/assistant besides Nick Blau in your child care, until the following paperwork is received they cannot be used. If Nick is the only substitute or assistant you are using and you get the others removed from your registration, please disregard the below needed information required..

☐ 110.5(2)c A completed DHS Criminal History Record Check, form B, 595-1396

- ☐ 110.5(2)c A completed Request for Child Abuse Information, form 470-0643
- ☐ 110.5(2)c A physician's signed statement of health and immunization status at the time of employment and at least every two years thereafter.
- ☐ 110.5(2)c Certification of two hours of approved training relating to identification and reporting of child abuse within 6 months of employment and repeated every 5 years.
- ☐ 110.5(2)d An individual file is maintained for each substitute and contains:
- ☐ 110.5(2)d A completed DHS Criminal History Record Check, form B, 595-1396.
- ☐ 110.5(2)d A completed Request for Child Abuse Information, form 470-0643
- ☐ 110.5(2)d A physician's signed statement of health of at the time of employment and at least every two years thereafter.
- ☐ 110.5(2)d Certification of two hours of approved training relating to identification and reporting of child abuse within 6 months of employment and repeated every 5 years.
- ☐ 110.5(2)d Certification in infant and child first aid that includes mouth-to-mouth resuscitation. If they are unable to locate first aid training that includes mouth-to-mouth resuscitation, they must complete both a first aid course and CPR.

Non-compliance with any of the mandated regulatory requirements listed above may lead to the cancellation or revocation of your Child Development Home Registration. **Please take whatever steps are necessary to completely address each of the violations noted above. It is essential you correct all above-mentioned violations within the next 45 days.**

Based on the items out of compliance listed above, a recheck or follow up visit to your home is not necessary. However, it is essential you provide documentation to the Department that certifies you have corrected each of the identified regulatory violations and are now in complete compliance with all Departmental regulatory mandates. **Please check mark each of the boxes listed above when the necessary corrections have been completed. By doing so, you certify that you have completed all of the mandated regulatory requirements contained within each identified section.**

I certify that I have taken all of the steps necessary to correct each of the identified violations noted above and am now in complete compliance with all of the Departmental mandated regulatory rules.

Please sign and date below, and return this form in the provided envelope by: 10/31/13

X _____
Signature Date

Please do not hesitate to contact me at DHS at 1-866-336-2555 ext 2409 if you have any questions regarding this letter.

Sincerely,

Kim Heneke BSW SWII
Dickinson County Department of Human Services
1802 Hill Ave
Suite 2401
Spirit Lake, Iowa 51360
1-866-336-2555 ext 2409

Always Remember:

Child Care Resource and Referral is an excellent resource for providers to access training options and support in your area. You can reach Child Care Resource and Referral at 1-800-945-9778.

As you plan your future trainings to meet your 24 hours of training requirement, please remember that you need to use only DHS approved training and only 12 hours can be by self-study. You can access the approved training by going to http://www.dhs.state.ia.us/Consumers/Child_Care/Professional_Development.html and you can sign up for training at <https://ccmis.dhs.state.ia.us/trainingregistry/>

All providers need to maintain compliance with rules set out in Iowa Administrative Code, Chapter 110, which includes: 441 IAC 110.5(1): Check with the appropriate authorities to determine how the following local, state, or federal laws apply to you: • Zoning code • Building code • Fire code • Business license • State and federal income tax • Unemployment insurance • Worker's Compensation • Minimum wage and hour requirements • OSHA • Americans with Disabilities Act (ADA).